


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # N02000003408	
1. Entity Name A HOME OF PROMISE, INC.	

Principal Place of Business 3751 NW 170TH ST CAROL CITY, FL 33055	Mailing Address 3751 NW 170TH ST CAROL CITY, FL 33055
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05172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0620615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERGUSON, MARIETTE A
3751 NW 170TH ST
CAROL CITY, FL 33055

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERGUSON, MARIETTE A 3751 NW 170TH ST CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAUNDERS, LAURISE 11941 SW 17TH CT MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WRIGHT, JOSIE M 16900 NW 37TH PLACE CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERGUSON, JASON B 3751 NW 170TH ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-80019-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariette A. Ferguson, 5/17/07 305-244-4749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone